Customer No. 22859 Fredrikson & Byron, P.A. 4000 Pillsbury Center 200 South Sixth Street

Minneapolis, MN 55402-1425 USA

Submission required under 37 C.F.R. § 1.114

Previously submitted

Telephone: (612) 492-7000 Facsimile: (612) 492-7077

Attorney Docket No. 44046.103.159 RCE of U.S. Application No. 09/977,103 Filed: October 12, 2001

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

1.

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MAR 1 8 2004

**GROUP 3600** 

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

		37	Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on in sai prior application.						
		[ ] Co	onsider the a	rguments in			ly Brief prev		
								<b></b> ·	
		[ ] O	ther:					<u>_</u> ·	
b.	b. [X] Enclosed								
0.	[]		n Amendme	nt is enclose	d. Claims a	added by this	s Amendmen	t are	
	properly numbered consecutively beginning with the number next								
	following the highest numbered claim in the prior application.								
			Affidavit(s)/Declaration(s)						
		L 4	1						
[X] Other Return Receipt Postcard.									
f - 1									
2. [X] The filing fee is calculated below: 03/16/2004 SSANDARA 00000002 09977103									
			01 FC:1801				770.00 OP		
	Claims	Highest							
	Remaining	No.	Present						
	After	Previously	Extra	Small	Add'l		Large	Add'l	
	Amendment	Paid For	(Equals)	Entity Rate	Fee	OR	Entity Rate	Fee	
Total	*	- 20**	= 0	x 9	\$		x 18	<u>\$</u>	
Indep.	*	- 3***	= 0	x 43	\$		x 86	-	
RCE fee				+385	\$		+ 770	\$770 \$	
Mult. Dep.		L	=	+ 145 TOTAL	\$ \$	OR	+ 290 TOTAL	\$770	
				IUIAL	D D	I OK	LIVIAL	9770	

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write 3 in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

<sup>[ ]</sup> First Presentation of Multiple Dependent Claim [MDC]

RCE of U.S. Application No. 09/977,103 Filed October 12, 2001

3. [X] A check in the amount of \$770 is enclosed (The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed). The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 06-1910.

Respectfully submitted,

Allen W. Groenke

Registration No. 42,608

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 06-1910.

## CERTIFICATE OF MAILING

I hereby certify that this document is being deposited with the United States Postal Service as First Class Mail under 37 C.F.R. 1.8 and is addressed to: Mail Stop RCE, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on

Date of Deposit 12, 2004

Stacy Bickel

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